H.C. Watkins Memorial Hospital
605 South Archusa Ave.
Quitman,MS 39355
DISCHARGE SUMMARY

Name: COTTEN,TONI
MRN: 001270857
DOB: 27 Dec 1994
Visit: 1323100357

PATIENT NAME: COTTEN, TONI RECORD#: 1323100357 PHYSICIAN: James Lock, MD MASTER#: 001270857 DATE OF ADMISSION: 08/19/2013 DATE OF DISCHARGE: DOB: 12/27/1994

HISTORY: Miss Cotten was an 18-year-old African American female who presented on 8/19/2013 for urinary tract infection and a sickle cell crisis. The patient's hospital course consisted of the fact that the patient was severely anemic with a Hemoglobin of just over 6 and Hematocrit was roughly about 18. The patient's plan of management was to treat the urinary tract infection, which the etiology for crisis as well the fact that she was anemic she was to be transfused 3 units of packed RBCs.

HOSPITAL COURSE: The Hospital course consists of the fact that the patient had received 3 units of packed RBCs from approximately 12 noon to about 2:00 a.m. the following morning and at that time I was called to see the patient because she was developing some acute respiratory distress. After seeing the patient we auscultated the lungs and the patient had bilateral rales and developed a decreased level of consciousness and at that time we elected to go ahead and just intubate the patient by endotracheal tube and the patient at that time received several medications including Epi, Atropine, bicarbonate and eventually received a defibrillation because of a wide complex as well as the fact that we started her on some Levophed for her hypertension and received at least 3 amps of D50, as well as Lasix because of the acute pulmonary

James Lock 8/27/2013
date discharge

COTTEN, TONI 001270857 1323100357

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edema. Patient regained her pulse but did not regain consciousness, so at that time Rush Medical Center in Meridian was called and I spoke with Dr. Bell for transfer for intensive care management. He concurred and agreed for the transfer. The patient is being prepared to be transferred to Rush more intensive care management and that is our plan at this point in time. Prior to transfer the patient, like I said, continued to be unconscious but did have pulse. Blood pressure had improved to systolic roughly about 130. She was also noted to be hypoglycemic is why she received the amp of D50. Review of her Labs and chest X-rays showed that she did have pulmonary edema, had renal insufficiency, had hypoglycemia and hypotension and so those etiologies had been addressed at least initially prior to her transfer. And the plan is transfer her for acute care as mentioned.

DATE: jl/da James Lock, MD 08/20/2013
08/20/2013 10:35:48 CC

COTTEN, TONI
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DISCHARGE SUMMARY

H.C. Watkins Memorial Hospital
605 S Archusa Avenue
Quitman, MS 39355

DISCHARGE SUMMARY<END HEADER>

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M.I. Watkins Memorial Hospital
605 South Archusa Ave.
Quitman,MS 39355
DISCHARGE SUMMARY

Name: COTTEN,TONI
MRN: 001270857
DOB: 27 Dec 1994
Visit: 1323100357

PATIENT NAME: COTTEN, TONI RECORD#: 1323100357 PHYSICIAN: James Lock, MD MASTER#: 001270857 DATE OF ADMISSION: 08/19/2013 DATE OF DISCHARGE: DOB: 12/27/1994

CORRECTED COPY: See addendum.

HISTORY: Miss Cotten was an 18-year-old African American female who presented on 8/19/2013 for urinary tract infection and a sickle cell crisis. The patient's hospital course consisted of the fact that the patient was severely anemic with a Hemoglobin of just over 6 and Hematocrit was roughly about 18. The patient's plan of management was to treat the urinary tract infection, which the etiology for crisis as well the fact that she was anemic she was to be transfused 3 units of packed RBCs.

HOSPITAL COURSE: The Hospital course consists of the fact that the patient had received 3 units of packed RBCs from approximately 12 noon to about 2:00 a.m. the following morning and at that time I was called to see the patient because she was developing some acute respiratory distress. After seeing the patient we auscultated the lungs and the patient had bilateral rales and developed a decreased level of consciousness and at that time we elected to go ahead and just intubate the patient by endotracheal tube and the patient at that time received several medications including Esi, Atropine, bicarbonate and eventually received a defibrillation because of a wide complex as well as the fact that we started her on some Levophed for her hypertension and received

James Lock
8/27/2013
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at least 3 amps of D50, as well as Lasix because of the acute pulmonary edema. Patient regained her pulse but did not regain consciousness, so at that time Rush Medical Center in Meridian was called and I spoke with Dr. Dell for transfer for intensive care management. He concurred and agreed for the transfer. The patient is being prepared to be transferred to Rush more intensive care management and that is our plan at this point in time. Prior to transfer the patient, like I said, continued to be unconscious but did have pulse. Blood pressure had improved to systolic roughly about 130. She was also noted to be hypoglycemic is why she received the amp of D50. Review of her Labs and chest x-rays showed that she did have pulmonary edema, had renal insufficiency, had hypoglycemia and hypotension and so those etiologies had been addressed at least initially prior to her transfer. And the plan is transfer her for acute care as mentioned.

ADDENDUM: Miss Cotten as mentioned was an 18-year-old female who presented on 8/19 for sickle cell crisis as well as urinary tract infection, renal insufficiency and later developed, some acute pulmonary edema and respiratory distress, was intubated and was later on coded to a CODE BLUE and she received medications appropriately for the diagnosis and treatment and every effort was made to possible to resuscitate this patient. We were able to resuscitate her as best we could for at least a couple of hours or more. Just prior to her transfer after being accepted to Rush in Meridian while the patient was being transferred at in the room from one bed to the stretcher, she developed asystole. We attempted to resuscitate her with epinephrine and atropine, CPR and ventilation without success and patient was eventually pronounced without vital signs and no electrical activity approximately about 5:00 a.m. exact time would be in the code notes. The family has been informed of this patient's unfortunate consequence and demise.

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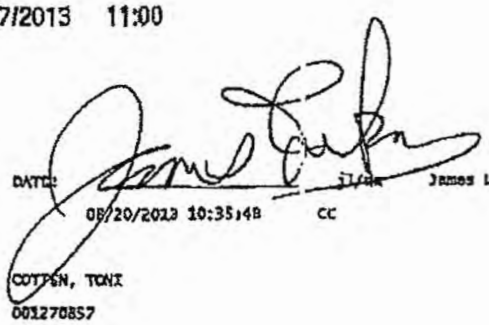

DATE: James Lock, MD 08/20/2013

08/20/2013 10:35:48 CC

COTTEN, TONI
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